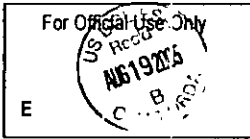


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11097</u>	2. Fiscal Year Covered From <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing.  Name <u>Bruce</u> <u>W Temple</u>  P.O. Box, Bldg. Room No., if any  Street <u>12812 NE Marx</u>  City <u>Portland</u>  State <u>Oregon</u> ZIP Code + 4 <u>97230-1067</u>	4. Name, file number, and address of labor organization.  Name <u>Operative Plasterers &amp; Cement Masons Local 555</u>  Labor Organization File Number <u>030-390</u>  P.O. Box, Building and Room Number, if any  Street <u>12812 NE Marx</u>  City <u>Portland</u>  State <u>Oregon</u> ZIP Code + 4 <u>97230-1067</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/10/04</u> Date	<u>5032329341</u> Telephone Number

Name of Person Filing Bruce Temple	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Cement Masons - Employers Health, Welfare &amp;</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9848 E Burnside</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97216-2330</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits</p>
	<p>11.b. Approximate dollar value of such dealing. \$4,207,037</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Expenses</p> <p>(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)</p>
	<p>12.b. Amount. \$535</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Bruce Temple	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Cement Masons - Employers Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9848 E Burnside</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97216-2330</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<table border="1"> <tr> <td data-bbox="812 735 1547 1081"> <p>11.a. Nature of such dealing.</p> <p>Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits</p> </td> </tr> <tr> <td data-bbox="812 1081 1547 1134"> <p>11.b. Approximate dollar value of such dealing. \$2,150,779</p> </td> </tr> <tr> <td data-bbox="812 1134 1547 1491"> <p>12.a. Nature of interest held or income received.</p> <p>Trustee Expenses</p> <p>(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)</p> </td> </tr> <tr> <td data-bbox="812 1491 1547 1537"> <p>12.b. Amount. \$535</p> </td> </tr> </table>	<p>11.a. Nature of such dealing.</p> <p>Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits</p>	<p>11.b. Approximate dollar value of such dealing. \$2,150,779</p>	<p>12.a. Nature of interest held or income received.</p> <p>Trustee Expenses</p> <p>(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)</p>	<p>12.b. Amount. \$535</p>
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<p>12.b. Amount. \$535</p>					

Name of Person Filing <b>Bruce Temple</b>	File Number <b>U-</b>
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name OR/SA WA Cement Masons Apprenticeship Traini</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9848 E Burnside</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97216-2330</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<table border="1"> <tr> <td data-bbox="829 737 1549 1083"> <p>11.a. Nature of such dealing.</p> <p>Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits</p> </td> </tr> <tr> <td data-bbox="829 1083 1549 1136"> <p>11.b. Approximate dollar value of such dealing. <span style="float:right">\$327,942</span></p> </td> </tr> <tr> <td data-bbox="829 1136 1549 1482"> <p>12.a. Nature of interest held or income received.</p> <p>Trustee and Program Expenses</p> <p>(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)</p> </td> </tr> <tr> <td data-bbox="829 1482 1549 1537"> <p>12.b. Amount. <span style="float:right">\$368</span></p> </td> </tr> </table>	<p>11.a. Nature of such dealing.</p> <p>Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits</p>	<p>11.b. Approximate dollar value of such dealing. <span style="float:right">\$327,942</span></p>	<p>12.a. Nature of interest held or income received.</p> <p>Trustee and Program Expenses</p> <p>(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)</p>	<p>12.b. Amount. <span style="float:right">\$368</span></p>
<p>11.a. Nature of such dealing.</p> <p>Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits</p>					
<p>11.b. Approximate dollar value of such dealing. <span style="float:right">\$327,942</span></p>					
<p>12.a. Nature of interest held or income received.</p> <p>Trustee and Program Expenses</p> <p>(Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.)</p>					
<p>12.b. Amount. <span style="float:right">\$368</span></p>					

Name of Person Filing Bruce Temple

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Access Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10117 SE Sunnyside Road, Suite F405

City Clackamas

State Oregon ZIP Code + 4 97015

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Dental Network

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meeting

12.b. Amount.

\$79

Name of Person Filing Bruce Temple

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Quest Investment Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One SW Columbia, Suite 1100

City Portland

State Oregon ZIP Code + 4 97258

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Cement Masons - Employers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9848 E Burnside

City Portland

State Oregon ZIP Code + 4 97216-2330

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$45,924

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meeting

12.b. Amount.

\$40

Name of Person Filing Bruce Temple	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Washington Capital Management, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1000 SW Broadway, Suite 950</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97205</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employers name.</p> <p>Name Cement Masons - Employers Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9848 E Burnside</p> <p>City Portland</p> <p>State Oregon ZIP Code + 4 97216-2330</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Management</p>
	<p>11.b. Approximate dollar value of such dealing. \$1,703</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Meals &amp; Beverages for Business Meeting</p> <p>12.b. Amount. \$33</p>

Name of Person Filing Bruce Temple

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Middleton & Company, CPA, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10700 SW Bvtn-Hillsdale Hwy. #550

City Beaverton

State Oregon ZIP Code + 4 97005

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Accounting Services

11.b. Approximate dollar value of such dealing. \$4,200

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meetings

12.b. Amount. \$38



Name of Person Filing Bruce Temple

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bradley L. Middleton, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6950 SW Hampton Street, #250

City Tigard

State Oregon ZIP Code + 4 97223

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Legal Services

11.b. Approximate dollar value of such dealing. \$941

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meeting

12.b. Amount. \$22

Name of Person Filing Bruce Temple

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bright Now! Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 20317 NE Bridlewood Drive

City Battle Ground

State Washington ZIP Code + 4 98604

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Dental Network

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals & Beverages for Business Meeting

12.b. Amount.

\$50